

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 14, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT and HCPCS codes 62291-WP, 62291-51, 72285-WP, 76003-26, A4645, 72125-WP, 76375-WP, 72050-WP, 93005-WP, 94760-WP, 99499-RR, 01914-46, J3010, J0690, J2000, J3360, A4550, A4215, J7040, and J2765 for date of service 06/18/02.

## **II. RATIONALE**

EOB's were not submitted by either party; therefore, the disputed date of service will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline.

- CPT Codes 62291-WP and 62291-51 (additional 3 levels) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(a & b) submitted procedure reports supports delivery of service; therefore, reimbursement in the amount of \$757.50 is recommended ( $\$303.00 \div 2 = \$151.50$ ,  $151.50 \times 3$  additional levels = \$454.50; \$303.00 (primary procedure) + \$454.50).
- CPT Code 72285-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) operative report supports delivery of service; therefore, reimbursement in the amount of \$487.00 is recommended (PC\$ \$76.00 + TC\$ \$411.00).
- CPT Code 76003-WP for date of service 08/21/02. Per TWCC Advisory 97-01 operative report supports delivery of service; therefore, reimbursement in the amount of \$52.00 (PC\$ \$52.00) is recommended.
- HCPCS Code A4645 (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guidelines, Radiology/Nuclear Ground Rule (II)(A)(2)(b) and General Instructions (III)(A) the Operative report supports DOP criteria; therefore, reimbursement in the amount of \$100.00 is recommended.
- CPT Code 72125-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the operative report supports delivery of service; therefore, reimbursement in the amount of \$580.00 is recommended (PC\$ \$150.00 + TC\$ \$430.00).

- CPT Code 76375-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the operative report supports delivery of service; therefore, reimbursement in the amount of \$205.00 is recommended (PC\$ \$17.00 + TC\$ \$188.00).
- CPT Code 72050-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the radiological report supports delivery of service; therefore, reimbursement in the amount of \$81.00 is recommended (PC\$ \$29.00 + TC\$ \$52.00).
- CPT Code 93005-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, CPT descriptor the operative report supports delivery of service; therefore, reimbursement in the amount of \$26.00 is recommended.
- CPT Code 94760-WP for date of service 08/21/02. Per the 1996 Medical Fee Guideline, CPT descriptor the operative report does not support the delivery of service; therefore, reimbursement is not recommended.
- CPT Code 99499-RR for date of service 08/21/02. Per the 1996 Medical Fee Guidelines. Surgery Ground Rule (V)(B)(3) and General Instructions (III)(A) the recovery room report supports delivery of service. Reimbursement in the amount of \$80.00 is recommended.
- CPT Code 01914-46 for date of service 08/21/02 denied as “C – Negotiated Contract”. Neither party has submitted evidence of a negotiated contract between the parties. Per Commission Rule 413.016 the requestor did not submit a letter from the PPO stating the healthcare provider was not part of the PPO; therefore, additional reimbursement is not recommended.
- HCPCS J3010 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$25.00 is recommended.
- HCPCS J0690 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$15.00 is recommended.
- HCPCS J2000 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$10.00 is recommended.

- HCPCS J3360 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$25.00 is recommended.
- HCPCS A4550 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, General Instructions (III)(A) supplies list supports DOP criteria. Reimbursement in the amount of \$75.00 is recommended.
- HCPCS A4215 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, General Instructions (III)(A) supplies list supports DOP criteria. Reimbursement in the amount of \$10.00 is recommended.
- HCPCS J7040 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$75.00 is recommended.
- HCPCS J2765 Code (DOP code) for date of service 08/21/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (E)(4)(d) and General Instructions (III)(A) the operative report supports DOP criteria. Reimbursement in the amount of \$25.00 is recommended.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes and HCPCS codes 62291-WP, 62291-51, 72285-WP, 76003-26, A4645, 72125-WP, 76375-WP, 72050-WP, 93005-WP, 99499-RR, 01914-46, J3010, J0690, J2000, J3360, A4550, A4215, J7040, and J2765 in the amount of \$2,786.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,786.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
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